

**MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT
CARL MOYER PROGRAM HEAVY DUTY DIESEL EMISSIONS REDUCTION
PROGRAM APPLICATION**

All applicants must complete this form.
Please print or type all information on this and any attached applications.

APPLICANT INFORMATION											
Company Name		Mailing Address									
Type of Business											
Contact Person		City									
Title		State		ZIP							
Phone Number		Fill in physical address below if different from mailing address									
Fax Number		Physical Address									
E-mail Address		City									
Name and title of person who will sign Agreement	Name	State		ZIP							
	Title										
Tax ID (Check one)	<input type="checkbox"/> Federal Employers ID #				--						
	<input type="checkbox"/> Individual/Sole Proprietor				--			--			

Vehicle / Equipment / Engine Vendor Information					
Contact		Address			
Company		City			
Phone		State		ZIP	
Fax		E-mail			

Please read each section and initial in the space provided

- _____ The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation.
- _____ The vehicle/engine will be used within MDAQMD boundaries for at least the projected usage as shown in this application
- _____ I understand that an IRS Form 1099 will be issued to me for incentive funds received under the MDAQMD Carl Moyer Heavy Duty Diesel Emission Reduction Program. I understand that it is my responsibility to determine the tax liability associated with participating in the MDAQMD Carl Moyer Heavy Duty Diesel Emission Reduction Program.
- _____ I understand that an hour meter/odometer will be installed on all funded vehicles/equipment and that the hour meter/odometer will record the hours/miles accumulated within and outside MDAQMD boundaries.

Application Statement

All information provided in this application will be used by the Mojave Desert Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. MDAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- ⊕ I certify to the best of my knowledge that the information contained in this application is true and correct.
- ⊕ I have the legal authority to apply for incentive funding for the entity described in this application.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

WORK STATEMENT/SCHEDULE OF DELIVERABLES
All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- ✦ A program schedule, with project milestones and dates clearly identified;

- ✦ Record-keeping for the life of the funded project: Please list steps taken to ensure information is available to provide at a minimum the following reports:
1. ***Quarterly status reports*** until the equipment purchase has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 2. An ***annual report***, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation, amount and type of fuel used, and operational and maintenance issues encountered and how they were resolved. All equipment will be required to have a non-re-settable hour meter or odometer installed. MDAQMD reserves the right to verify the information provided.

- ✦ Refueling (alternative fuels only: Describe how and where equipment will be refueled (on-site, existing facility, mobile equipment, etc.):

VEHICLE / EQUIPMENT INFORMATION FORM

Primary Function of Vehicle:

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Equipment Type (check one):

<input type="checkbox"/> Off Road NEW <input type="checkbox"/> Off Road REPOWER <input type="checkbox"/> Off Road RETROFIT <input type="checkbox"/> On Road NEW <input type="checkbox"/> On Road REPOWER <input type="checkbox"/> On-Road RETROFIT <input type="checkbox"/> Locomotive <input type="checkbox"/> Agricultural <input type="checkbox"/> Forklift <input type="checkbox"/> Auxiliary Power Unit <input type="checkbox"/> GSE <input type="checkbox"/> Other

Annual Vehicle Usage:

Operation within California (%):	Operation within MDAQMD Boundaries (%):
Annual Hours Spent within MDAQMD Boundaries:	
Estimated Annual Fuel Consumption:	

Existing Vehicle Information:

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer Reading: Vehicle Type:

Existing Engine Information:

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____					
Existing Engine Rebuild Parts Cost:	Existing Engine Rebuild Labor Cost:	Total Rebuild Cost:			

✚ All estimates must be accompanied by proper documentation.

New or Replacement Vehicle Information:

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer Reading: Vehicle Type:

New Engine or Retrofit System Information:

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____					
Existing Engine Rebuild Parts Cost:	Existing Engine Rebuild Labor Cost:	Total Rebuild Cost:			
Certified NO _x Emission Level:					

✚ All estimates must be accompanied by proper documentation.

☐ W-9 form completed?